

RESOLUTION NO. 26-15

**RESOLUTION APPROVING BILL OF SALE AND SHARED USE AGREEMENT
BETWEEN THE CITY OF HOLSTEIN AND IDA COUNTY EMS
FOR THE SALE OF A 1997 FORD LIFELINE E350 AMBULANCE**

WHEREAS, the City of Holstein owns a 1997 Ford Lifeline E350 Ambulance (VIN: 2FALP71W6VX115138); and

WHEREAS, the City Council finds it is in the best interest of the City to sell said Ambulance to Ida County EMS for the sum of \$100.00; and

WHEREAS, the parties have negotiated a Bill of Sale and Shared Use Agreement setting forth the terms of the sale and any continued shared use provisions.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Holstein, Iowa, that:

1. The Bill of Sale and Shared Use Agreement between the City of Holstein and Ida County EMS, dated March 27, 2026, for the sale of a 1997 Ford Lifeline E350 Ambulance (VIN: 2FALP71W6VX115138) for the purchase price of \$100.00, is hereby approved.
2. The Mayor and City Administrator are hereby authorized and directed to execute said Agreement on behalf of the City of Holstein.
3. The City Administrator is authorized to take all necessary actions to effectuate the transfer of title and ownership of the Ambulance to Ida County EMS in accordance with Iowa law.

PASSED AND APPROVED THIS 27th DAY OF MARCH 2026.

Roll Call Vote:

Council Member	Aye	Nay	Absent	Abstain
Bonnie Stevenson				
Mike Johnson				
Marcus Prell				
Terri Schimmer				
Steve Tiefenthaler				

APPROVED BY THE
CITY OF HOLSTEIN

Kathy Breyfogle, Mayor

ATTEST

Tamara Nuckolls, City Administrator

BILL OF SALE AND SHARED USE AGREEMENT

This Bill of Sale and Shared Use Agreement (“Agreement”) is made and entered into on this 27 day of March, 2026, by and between:

Seller:

City of Holstein, Iowa
Address: 119 S Main Street, Holstein, IA 51025

and

Buyer:

Ida County EMS
Address: 401 Moorehead Street, Ida Grove, IA 51445

1. SALE OF AMBULANCE

The Seller hereby sells, transfers, and conveys to the Buyer the following described ambulance:

- Make: Ford
- Model: Lifeline E350 Ambulance
- Year: 1997
- VIN: 2FALP71W6VX115138

The above-described vehicle (“Ambulance”) is sold **as-is**, with no warranties expressed or implied, except as specifically stated in this Agreement.

2. PURCHASE PRICE

The total purchase price for the Ambulance shall be \$100.00, receipt of which is hereby acknowledged by the Seller.

3. TRANSFER OF OWNERSHIP

Upon execution of this Agreement and receipt of full payment, ownership of the Ambulance shall transfer to Ida County EMS. Seller agrees to provide all necessary documents to effectuate title transfer in accordance with Iowa law.

9. SIGNATURES

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

SELLER:

City of Holstein, Iowa

By: _____

Name/Title: _____

Date: _____

BUYER:

Ida County EMS

By: Corey Trucke

Name/Title: Corey Trucke/EMS Director

Date: 3/27/2026

RESOLUTION NO. 26-16

A RESOLUTION APPROVING THE AMBULANCE SERVICE FEE SCHEDULE

WHEREAS, the City of Holstein operates a municipal ambulance service providing emergency and non-emergency medical transportation services to the residents of Holstein and surrounding areas; and **WHEREAS**, it is necessary and appropriate to periodically review and update the ambulance service fee schedule to reflect current costs and comparable rates; and **WHEREAS**, the City Council has reviewed the current charges and the recommended approved charges for ambulance services.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Holstein, Iowa, that the following ambulance service fee schedule is hereby approved:

Procedure	Current Charge	Approved Charge
A0426 – ALS Non-Emergency	\$690.00	\$800.00
A0427 – ALS Emergency	\$917.80	\$1,100.00
A0428 – BLS Non-Emergency	\$488.75	\$600.00
A0429 – BLS Emergency	\$773.50	\$1,000.00
A0433 – ALS-2 Emergency	\$1,329.90	\$1,200.00
A0425 – Mileage	\$14.00	\$17.00
A0382 – BLS Supplies	\$0	\$100.00
A0398 – ALS Supplies	\$0	\$200.00
A0392 – Defibrillation	\$0	\$100.00
A0394 – IV Supplies	\$0	\$100.00
A0396 – Esophageal Intubation	\$0	\$100.00
A0422 – Oxygen	\$0	\$100.00
EKG 3/EKG 12 Lead	\$0	\$75.00
A0998 – Treat on Scene	\$75.00	\$100.00

BE IT FURTHER RESOLVED that this fee schedule shall become effective upon passage and approval of this Resolution.

PASSED AND APPROVED THIS ____ DAY OF _____, 2026.

Council Member	Aye	Nay	Absent/Abstain
Bonnie Stevenson			
Mike Johnson			
Marcus Prell			
Terri Schimmer			
Steve Tiefenthaler			

APPROVED BY THE CITY OF HOLSTEIN

Kathy Breyfogle, Mayor

ATTEST

Tammy Nuckolls, City Administrator



PCC, Inc. South Dakota
 PO Box 19
 Castlewood, SD 57223
 Toll Free Phone: 877.882.9911
 Toll Free Fax: 877.882.9922

Re: IA Published fee schedule for Medicare 2025, along with 2023 CMS published average charges by CPT code

Purpose: The purpose of this document is to provide published background data for fee schedule reviews that PCC provides when working with ambulance services.

	Medicare Urban Allowable 2026	Medicare Rural Allowable 2026	Medicare Super Rural Allowable 2026	National Avg Medicare Charge 2023 Published Data	Iowa Avg Medicare Charge 2023 Published Data
A0425 – ALS/BLS MILEAGE	\$9.33	\$9.42	\$14.13	\$20.50	\$17.44
A0426 - ALS NON EMERGENCY	\$327.58	\$330.79	\$405.55		
A0427 - ALS EMERGENCY	\$518.66	\$523.75	\$642.12	\$1,318.53	\$959.26
A0428 - BLS NON EMERGENCY	\$272.98	\$275.66	\$337.96		
A0429 – BLS EMERGENCY	\$436.77	\$441.05	\$540.73	\$983.42	\$759.79
A0433 – ALS2	\$750.70	\$758.06	\$929.38		
A0434 – SCT	\$887.19	\$895.89	\$1,098.36		

Procedure	Current Charge	Medicaid Allowable	Approved Charge
A0426 – ALS Non-Emergency	\$690.00	\$101.60	\$800.00
A0427 – ALS Emergency	\$917.80	\$127.01	\$1100.00
A0428 – BLS Non-Emergency	\$488.75	\$84.67	\$600.00
A0429 – BLS Emergency	\$773.50	\$114.30	\$1000.00
A0433 – ALS-2 Emergency	\$1329.90	\$232.84	\$1200.00
A0425 – Mileage	\$14.00	\$2.61	\$17.00
A0434 – SCT		--	
A0382 – BLS Supplies	\$0	\$5.23	\$100.00
A0398 – ALS Supplies	\$0	\$5.23	\$200.00
A0392 – Defibrillation	\$0	--	\$100.00
A0394 – IV Supplies	\$0	--	\$100.00
A0396 – Esophageal Intubation	\$0	--	\$100.00
A0422 – Oxygen	\$0	\$13.05	\$100.00
EKG3/EKG12 Lead	\$0	--	\$75.00
A0998 Treat On Scene	\$75.00	\$42.34	\$100.00

Effective Date: _____

Signed: _____

Print Name: _____

RESOLUTION NO. 26-18

A RESOLUTION APPROVING THE IDA COUNTY FIRE/RESCUE MUTUAL AID AGREEMENT

WHEREAS, the City of Holstein operates a municipal fire department providing fire and rescue services to the residents of Holstein and surrounding areas; and

WHEREAS, it is in the best interest of the City of Holstein to cooperate with other Ida County fire and rescue agencies to ensure the provision of prompt and adequate fire/rescue services; and

WHEREAS, the Ida County Fire/Rescue Mutual Aid Agreement has been presented to the City Council for approval, providing for mutual aid among the Arthur Fire Department, Battle Creek Fire Department, Galva Fire Department, Holstein Fire Department, and Ida Grove Fire Department; and

WHEREAS, the City Council finds it to be in the best interest of the City of Holstein and its residents to enter into said Mutual Aid Agreement.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Holstein, Iowa, that the Ida County Fire/Rescue Mutual Aid Agreement, effective April 1, 2026, is hereby approved, and the Mayor and City Administrator are authorized to execute said Agreement on behalf of the City of Holstein.

PASSED AND APPROVED THIS 14th DAY OF APRIL 2026.

Council Member	Aye	Nay	Absent/Abstain
Terri Schimmer			
Steve Tiefenthaler			
Mike Johnson			
Bonnie Stevenson			
Marcus Prell			

APPROVED BY THE
CITY OF HOLSTEIN

Kathy Breyfogle, Mayor

ATTEST

Tammy Nuckolls, City Administrator

Ida County Fire/Rescue Mutual Aid Agreement

Recognizing the necessity for Ida County Fire/Rescue services to cooperate and work together to ensure the provision of prompt and fire/rescue services, the following services hereby enter into a mutual aid agreement to provide fire/rescue for the other in the event the equipment or manpower of the other are disabled, preoccupied, or otherwise unable to provide service within its own usual response area:

Arthur Fire Department

Battle Creek Fire Department

Galva Fire Department

Holstein Fire Department

Ida Grove Fire Department

All parties to this agreement further stipulate that the agency providing such service shall be responsible for billing the user and for collecting the usual and customary charges for service, if any, and that the agency requesting mutual aid shall be held harmless from all such charges and from all claims of liability arising from any acts of negligence performed by the agency providing such mutual aid assistance.

Employees of any member agency acting pursuant to this agreement shall remain the employee of their respective agency.

This agreement supersedes any previous agreements and shall be in full force and take effect upon its signing by the principal officer of each agency, and shall remain in effect until such time as the agency wishes to terminate this agreement for any reason. In the event of such pending termination the agency wishing to terminate this agreement shall provide written notice of such intent to all agencies listed above at least sixty (60) days prior to such termination of the agreement.

Please return all signed copies to Ida County Emergency Management, esohm@idacountyia.us

RESOLUTION NO. 26-19

**RESOLUTION APPROVING PAY APPLICATION NUMBER 3
FOR THE WASTEWATER SYSTEM IMPROVEMENTS PROJECT**

WHEREAS, the City of Holstein, Iowa, (hereinafter CITY), has entered into an agreement for construction of the Wastewater System Improvements Project, (hereinafter PROJECT) with:

Contractor Name: **King Contracting, LLC (hereinafter CONTRACTOR)**
Contractor Location: **Wall Lake, Iowa**
Date of Agreement: **August 26, 2025**

WHEREAS, the CONTRACTOR has submitted to the Project Engineer and the City Pay Application No. 3 for consideration of payment on the PROJECT for work completed as of February 25, 2026; and,

WHEREAS, prior to the submission of Pay Application No. 2 the CONTRACTOR has submitted for payment the following pay applications:

Pay Application No.	Amount	Total Paid to Date
1	348,556.50	\$348,556.50
2	126,774.72	\$475,331.22

WHEREAS, the agreement between the CITY and the CONTRACTOR has a total value of \$6,610,923.15 and includes 1 change orders impacting the overall value and completion time on the project; and,

WHEREAS, Pay Application No. 3 shows the following:

Total Value of Work Completed to Date:	\$660,648.65
Total Value of Retainage Held	\$33,032.43
Total Request for Payment	\$152,285.00

WHEREAS, the CONTRACTOR and Project Engineer have reviewed the pay application for compliance with the federal Buy American, Build America (BABA) compliance requirements and have signed off on certification that all products and materials for which payment is requested are either certified by approved BABA Certificates or have an approved BABA wavier.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF HOLSTEIN, IOWA:

SECTION 1. That the City Council has approved Pay Application No. 3 and authorized payment of \$152,285.00 to the CONTRACTOR.

SECTION 2. The City Council authorizes and directs the Mayor to sign Pay Application No. 3 on behalf of the CITY.

SECTION 3. The City Council hereby directs the Clerk to work with the Grant Administrator to process and submit a request for reimbursement from the Iowa Economic Development Authority for reimbursement of funds from the City's Community Development Block Grant (CDBG) as follows:

Total Value of Pay Application	\$152,285.00
Reimbursement Amount from CDBG	\$10,995.00
Value Paid by State Revolving Loan Funds	\$141,290.00

SECTION 4. The City Council hereby directs the Clerk to work with the Grant Administrator to process and submit a request to the Iowa Finance Authority for reimbursement of funds from the City's approved State Revolving Loan Fund in the amount of **\$141,290.00**.

SECTION 5. The City Council hereby certifies that **\$10,995.00** of Pay Application No. 3 is attributed to the CDBG portion of this project and that this resolution authorizes obligation of CDBG funds to reimburse the City for those funds.

SECTION 6. That Pay Application No. 3 is hereby accepted and approved by the City.

PASSED AND APPROVED THIS 14TH DAY OF APRIL, 2026.

APPROVED BY THE
CITY OF HOLSTEIN

Kathy Breyfogle, Mayor

ATTEST

Tammy Nuckolls, City Administrator



ENGINEERS JOINT CONTRACT DOCUMENTS COMMITTEE

Contractor's Application for Payment No. 3

To (Owner):	City of Holstein	Application Period:	01.01.2026 - 02.25.2026	Application Date:	02.25.2026
Project:	Wastewater System Improvements	Contract:	King Construction	Via (Engineer):	I & S Group, Inc. (ISG)
Owner's Contract No.:		Contractor's Project No.:	729005	Engineer's Project No.:	24051

Application For Payment Change Order Summary

Approved Change Orders Number	Additions	Deductions
CO No. 01		\$10,000.00
TOTALS		\$10,000.00
NET CHANGE BY CHANGE ORDERS		-\$10,000.00

1. ORIGINAL CONTRACT PRICE.....	\$	\$6,620,923.15
2. Net change by Change Orders.....	\$	-\$10,000.00
3. Current Contract Price (Line 1 + 2).....	\$	\$6,610,923.15
4. TOTAL COMPLETED AND STORED TO DATE (Column F total on Progress Estimates).....	\$	\$660,648.65
5. RETAINAGE:		
a. 5% X \$224,050.00 Work Completed.....	\$	\$11,202.50
b. 5% X \$436,598.65 Stored Material.....	\$	\$21,829.93
c. Total Retainage (Line 5.a + Line 5.b).....	\$	\$33,032.43
6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5.c).....	\$	\$627,616.22
7. LESS PREVIOUS PAYMENTS (Line 6 from prior Application).....	\$	\$475,331.22
8. AMOUNT DUE THIS APPLICATION.....	\$	\$152,285.00
9. BALANCE TO FINISH, PLUS RETAINAGE (Column G total on Progress Estimates + Line 5.c above).....	\$	\$5,993,306.93

Contractor's Certification

The undersigned Contractor certifies, to the best of its knowledge, the following:


(1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment;

(2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such liens, security interest, or encumbrances); and

(3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Contractor Signature:  Date: 04/02/2026

Payment of: \$152,285.00 (Line 8 or other - attach explanation of the other amount)

is recommended by:  (Engineer) 04.02.2026 (Date)

Payment of: \$ (Line 8 or other - attach explanation of the other amount)

is approved by: _____ (Owner) _____ (Date)

Approved by: _____ Funding or Financing Entity (if applicable) _____ (Date)

Progress Estimate - Lump Sum Work

Contractor's Application

For (Contract):		Application Number: 3		Application Date: 02.25.2026		Application Period: 01.01.2026 - 02.25.2026	
Specification Section No.	A Description	B Scheduled Value (\$)	C Work Completed		E Materials Presently Stored (not in C or D)	F Total Completed and Stored to Date (C + D + E)	G Balance to Finish (B - F)
			D From Previous Application (C+D)	D This Period			
10	SAGR Package Materials	1,041,700.00			\$104,170.00	\$104,170.00	\$937,530.00
20	SAGR Coils Material Install	1,150,013.65				\$52,000.00	\$1,098,013.65
30	Lagoon Aeration Lines	44,770.48					\$44,770.48
40	Lagoon Baffle Curtain	5,182.91					\$5,182.91
60	Mobilization	329,933.11	\$50,000.00				\$279,933.11
70	Grading	582,500.00	\$16,500.00				\$566,000.00
80	Surfaceing Stone	65,800.00					\$65,800.00
90	Erosion Stone	90,650.00					\$90,650.00
100	SWPPP - Fence Work	66,500.00					\$66,500.00
110	Testing	10,000.00					\$10,000.00
113	6" Air	60,480.00					\$60,480.00
115	10" Air Header	158,625.00			\$4,130.00	\$4,130.00	\$154,495.00
120	Sanitary Sewer 10" DIP	1,375.00					\$1,375.00
130	Sanitary Sewer 12" DIP	138,976.00			\$56,801.00	\$56,801.00	\$82,175.00
140	Sanitary Sewer 4" PVC	3,060.00			\$19,250.00	\$19,250.00	\$2,942.00
150	Sanitary Sewer 8" PVC	22,192.00			\$32,226.00	\$32,226.00	\$18,774.00
160	Sanitary Sewer 10" PVC	151,000.00			\$30,892.00	\$30,892.00	\$40,888.00
170	Sanitary Sewer 12" PVC	71,780.00					\$71,780.00
180	Sanitary FM4 6" PVC	5,984.00			\$22,433.40	\$22,433.40	\$3,755.60
190	Sanitary FM4 8" PVC	86,189.00					\$86,189.00
205	Splash Pads	15,200.00					\$15,200.00
210	Site Storm Sewer	23,912.00					\$23,912.00
220	Site Sanitary Structures	210,000.00					\$210,000.00
225	Splitter structures	220,000.00			\$8,795.00	\$8,795.00	\$211,205.00
230	Lift Station	352,000.00			\$69,611.18	\$69,611.18	\$282,388.82
235	Lift Station Building	280,000.00			\$26,450.17	\$26,450.17	\$253,549.83
240	Blower - UV Building	652,000.00			\$61,839.90	\$61,839.90	\$590,160.10
250	UV System	100,000.00					\$100,000.00
260	Electrical - HVAC	536,000.00					\$536,000.00
270	Demo	40,000.00					\$40,000.00
280	Sludge	11,100.00	\$5,550.00				\$5,550.00
290	Excess Top soil Allowance (\$26.00/CY)	100,000.00					\$100,000.00
Totals		\$6,620,923.15	\$172,050.00	\$52,000.00	\$436,598.65	\$660,648.65	\$5,960,274.50

Stored Material Summary

Contractor's Application

For (Contract):		Application Number:		3							
Application Period:		01.01.2026 - 02.25.2026		Application Date:		02.25.2026					
Bid Item No.	Supplier Invoice No.	Submittal No. (with Specification Section No.)	Storage Location	Description of Materials or Equipment Stored	D		E	Subtotal Amount Completed and Stored to Date (D + E)	F		G
					Date Placed into Storage (Month/Year)	Amount (\$)			Amount Stored this Month (\$)	Incorporated in Work Date (Month/Year)	
230	X943762	1		Valves	11/2025	\$25,843.54		\$25,843.54			\$25,843.54
170	X938038	1		12" Gate Valves	11/2025	\$20,700.00		\$20,700.00			\$20,700.00
160	X938038	1		10" Gate Valves	11/2025	\$16,350.00		\$16,350.00			\$16,350.00
150	X938038	1		8" Gate Valves	11/2025	\$19,250.00		\$19,250.00			\$19,250.00
240	X932211	1		Pipe	11/2025	\$30,689.00		\$30,689.00			\$30,689.00
230	X951513	1		Pipe	11/2025	\$33,517.64		\$33,517.64			\$33,517.64
190	Y075807	1		Pipe	11/2025	\$22,433.40		\$22,433.40			\$22,433.40
170	Y075807	1		Pipe	11/2025	\$10,192.00		\$10,192.00			\$10,192.00
160	Y075807	1		Pipe	11/2025	\$15,876.00		\$15,876.00			\$15,876.00
130	X930647	2		Pipe	12/2025	\$56,801.00		\$56,801.00			\$56,801.00
230	X953186	2		Pipe	12/2025	\$10,250.00		\$10,250.00			\$10,250.00
225	X940301	2		Pipe	12/2025	\$8,795.00		\$8,795.00			\$8,795.00
235	PN139-D	2		Octalorn	12/2025	\$26,450.17		\$26,450.17			\$26,450.17
240	PN13139	2		Octalorn	12/2025	\$31,150.90		\$31,150.90			\$31,150.90
10	10562	3		Nixon	2/2026	\$104,170.00		\$104,170.00			\$104,170.00
115	Y522000	3		Pipe	2/2026	\$4,130.00		\$4,130.00			\$4,130.00
Totals						\$328,298.65	\$108,300.00	\$436,598.65			\$436,598.65

APRIL 2, 2026

City of Holstein
119 S. Main Street
Holstein, IA 51025



PROJECT: HOLSTEIN WASTEWATER SYSTEM IMPROVEMENTS
RE: LETTER OF RECOMMENDATION - PAY APPLICATION NO. 03

Council,

Pay Application No. 03 includes work completed between January 1, 2026 and February 25, 2026 on the Holstein Wastewater System Improvements project. The contractor is requesting payment for down payment on the Nexom System, progress on sacrificial walls, and stored materials. ISG has reviewed the documentation and recommends that the payment of \$152,285.00 be made to the contractor, King Construction.

Please return a signed copy to ISG after Council approval.

If you have any questions regarding this pay application, please don't hesitate to reach out to me at 712.732.7745.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Grafft", written in a cursive style.

Tom Grafft
Water/Wastewater Group Leader

Tom.Grafft@ISGInc.com